

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF United States of America	COURT CASE NUMBER 17-00200
DEFENDANT HEATHER KLINE f/k/a HEATHER L. ECK	TYPE OF PROCESS Sale
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE { HEATHER KLINE f/k/a HEATHER L. ECK AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 173 East Main Street, Rebersburg, PA. 16872 (Centre County)	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
<input type="checkbox"/> KML Law Group, P.C. 701 Market Suite 5000 Philadelphia, PA 19106	Number of parties to be served in this case
	Check for service on U.S.A. <input type="checkbox"/>
	FILED HARRISBURG, PA JAN 04 2018 ADA

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, Clerk All Telephone Numbers, and Estimated Times Available for Service*):

FoldFold

Minimum Bid: \$7,599.00

Sale: January 03, 2018 at 11:00 a.m.

Centre County Courthouse: Allegheny & High Streets, Bellefonte, PA. 16823

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	215-627-1322	12/28/17

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1	No. 67	No. 67	<i>[Signature]</i>	12/28/17

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
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Address (complete only different than shown above)	Date	Time
	<i>12/18</i>	<i>11:00</i> <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy <i>[Signature]</i>	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
\$162.50	\$17.85	—	\$180.35	—	\$180.35 200.00

REMARKS: I drove 2 1/2 hrs. 105 miles round trip.

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED